

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90073 016 \*\*\*150.00

**DOCUMENT # F97000002314**

1. Entity Name

**CI GLOBAL HOLDINGS USA INC.**



**151 YONGE STREET**

Principal Place of Business

**1900 SUMMIT TOWER BOULEVARD  
SUITE 450  
ORLANDO FL 32810**

Mailing Address

**151 YONGE STREET  
11 TH FLOOR LEGAL DEPT  
TORONTO, ONTARIO M5C 2W7  
CA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**CANADA**

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **CHANG, G R**  
STREET ADDRESS **19 PADDOCK COURT TORONTO ONTARIO**  
CITY-ST-ZIP **M2L 2A7 CANADA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HOLLAND, WILLIAM T**  
STREET ADDRESS **14 KNIGHTSWOOD RD, TORONTO, ONTARIO**  
CITY-ST-ZIP **CANADA M4N 2H1**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **MACPHAIL, STEPHEN A**  
STREET ADDRESS **132 ALEXANDRA BLVD, TORONTO, ONTARIO**  
CITY-ST-ZIP **M4R 1M2 CANADA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **ANDERSON, PETER W**  
STREET ADDRESS **40 WEMBLEY AVE, MARKHAM, ONTARIO**  
CITY-ST-ZIP **CANADA L3R 2A9**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VS** ☐ Delete  
NAME **KILLEEN, MICHAEL J**  
STREET ADDRESS **24 KAPPELE AVE, TORONTO, ONTARIO**  
CITY-ST-ZIP **CANADA M4N 2Z1**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **JAMIESON, DOUGLAS J**  
STREET ADDRESS **15 MOUNTJOY AVE, TORONTO, ONTARIO**  
CITY-ST-ZIP **CANADA M5J 1J4**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael J. Killeen*

**MICHAEL J. KILLEEN JAN. 17, 2003**

**416-681-6507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)